

MAINE DEPT OF PUBLIC SAFETY

STATE OF MAINE
Liquor Licensing & Inspection Division
164 State House Station
Augusta ME 04333-0164
Tel: (207) 624-7220 Fax: (207) 287-3424



SUPPLEMENTARY QUESTIONNAIRE FOR CLUB APPLICANTS

1. Exact Club Name: _____

2. Title, name, birth date and telephone number of each principal officer of the club:

Title	Name	Birth Date	Telephone

3. Date Club was incorporated: _____

4. Purpose of Club: () Social () Recreational () Patriotic () Fraternal

5. Date regular meetings are held: _____

6. Date of election of Club Officers: _____

7. Date elected officers are installed: _____

8. Total Membership: _____ Annual Dues: _____ Payable When: _____

9. Does the Club cater to the public or to groups of non-members on the premises? Yes ☐ No ☐

10. Excluding salaries, will any person, other than the Club, receive any of the financial profits from the sales of liquors? Yes ☐ No ☐

11. If a manager or steward is employed, complete the following:

Name: _____ Date of Birth: _____

Sign in blue ink

Signature & Title of Club Officer

Date

Print Name & Title of Club Officer